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DATE:

May 27, 2004

Total Pages Including Cover:

TO:

Examiner Timothy L. Rude

Company:

USPTO

Fax #:

Art Unit: 2871 703-872-9306

Phone #:

703-305-0418

Application

S rial No.

09/915,681

Docket #:

NL000441

FROM:

Michael J. Balconi-Lamica

Reg. No. 34,291

Michael J. Balconi-Lamica

Patent Attorney

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MESSAGE:

EXPEDITED PROCEDURE

Please deliver to Examiner Rude, Mail Stop AF.

(Art Unit 2871)

Examiner Rude:

Attached for filing are the following documents:

- Transmittal Form;
- 2. Fee Transmittal Form, and
- 3. Response to Office Action.

Entry of this paper in the above-identified application is courteously solicited. Any questions regarding this matter should be directed to the undersigned.

Michael J. Baldoni-Lamica

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TRANSMITTAL			09/915,6	581
FORM		Filing Date	July 26, 2001	
		First Named Inventor	Marien De Schipper	
(to be used for all correspondence after initial filing)		Art Unit	2871	
		Examiner Name	Timothy L. Rude	
Total Number of Pages in This Submission	16	Attorney Docket Number	NL0004	41
ENCLOSURES (Check all that apply)				
Fee Transmittal Form		Drawing(s)	Ιſ	After Allowance communication
Fee Attached Amendment/Reply		icensing-related Papers Petition		Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC
After Final	╽╚╝	Petition to Convert to a Provisional Application	וֹב	(Appeal Notice, Brief, Reply Brief) Proprietary Information
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Addre	ss	Status Letter
Extension of Time Request		erminal Disclaimer		Other Enclosure(s) (please identify below):
Express Abandonment Request	F	Request for Refund		
Information Disclosure Statement		CD, Number of CD(s)		
Certified Copy of Priority Document(s)	Remark	ks		
	EXPEDI	TED PROCEDURE:		
Response to Missing Parts/ Incomplete Application PLEAS		SE deliver to Examiner Rude (Art Unit 2871), MAIL STOP AF.		
Response to Missing Parts under 37 CFR 1.52 or 1.53				
			•	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual name MICHAEL J. BALCONI-LAMICA (Reg. No. 34,291)				
Signature Michael & R				
Date 5/27 Day				
CERTIFICATE OF TRANSMISSION/MAILING				
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.				
Typed or printed name MICHAEL J. BALCONI-LAMICA				
Signature Michael J. Bolconi- Janica Date 5/27/04				
This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.				

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PTO/SB/17 (10-03) Approved for use through 07/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number FEE TRANSMITTAL Complete if Known Application Number 09/915.681 for FY 2004 Filing Date July 26, 2001 First Named Inventor Marien De Schipper Effective 10/01/2003. Patent fees are subject to annual revision. **Examiner Name** Timothy L. Rude Applicant claims small entity status. See 37 CFR 1.27 **Art Unit** 2871 TOTAL AMOUNT OF PAYMENT (\$) 0.00 NL000441 Attorney Docket No. METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Check Credit card Money Order Other Mone 3. ADDITIONAL FEES arge Entity , Small Entity Deposit Account: Fee Deposit Fee Description Code (\$) ode (\$) Account Fee Paid Numbe 1051 130 2051 65 Surcharge - late filing fee or oath Deposit 1052 50 2052 Surcharge - late provisional filing fee or cover sheet 25 Name 1053 Director is authorized to: (check all that apply) 130 1053 130 Non-English specification Charge fee(s) indicated below 1812 2.520 1812 2,520 For filing a request for ex parte reexamination Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) 1804 9201 1804 920" Requesting publication of SIR prior to Examiner action Charge fee(s) indicated below, except for the filing fee 1805 1.8401 Requesting publication of SIR after Examiner action 1805 1.840° to the above-identified deposit account. 1251 FEE CALCULATION 110 2251 55 Extension for reply within first month 1252 1. BASIC FILING FEE 420 2252 210 Extension for reply within second month arge Entity Small Entity 1253 950 2253 475 Extension for reply within third month Fee Description Fee Fee Code (\$) ee ree Fee Paid 1254 1,480 2254 740 Extension for reply within fourth month 1001 770 2001 385 1255 2.010 2255 Utility filing fee 1,005 Extension for reply within fifth month 1002 340 2002 170 Design filing fee 1401 330 2401 165 Notice of Appeal 1003 530 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in support of an appeal 2004 385 1004 770 Reissue filing fee 1403 290 2403 145 Request for oral hearing 1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding SUBTOTAL (1) (\$) 1452 110 2452 55 Petition to revive - unavoidable 665 Petition to revive - unintentional 1453 1.330 2453 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1.330 2501 665 Utility issue fee (or reissue) Extra Claims Fee Paid below 1502 480 2502 240 Design issue fee **Total Claims** 14 × 18 -20 1503 640 2503 320 Plant issue fee Independent 1460 130 1460 130 Petitions to the Commissioner Multiple Dependent 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) Large Entity Small Entity 1806 180 1806 180 Submission of Information Disclosure Stmt Fee Description Code (\$) Code (\$) 40 Recording each patent assignment per 8021 40 8021 1202 18 2202 Claims in excess of 20 property (times number of properties) 1809 385 Filing a submission after final rejection (37 CFR 1.129(a)) 770 2809 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid For each additional invention to be examined (37 CFR 1.129(b)) 1810 770 2810 1204 Reissue independent claims 86 2204 43 ver original patent 1801 770 2801 385 Request for Continued Examination (RCE) 1205 18 2205 " Reissue claims in excess of 20 1802 900 1802 900 Request for expedited examination and over original patent of a design application Other fee (specify) _1814 Terminal Disclaimer (37 CFR 1.20(d)) 0.00 SUBTOTAL (2) (\$) Reduced by Basic Filing Fee Paid or number previously paid, if greater, For Reissues, see above SUBTOTAL (3) (\$) 0.00 SUBMITTED BY (Complete (if applicable) Name (Print/Type) Michael J. Balconi-Lamica Registration No. Telephone 512-461-2624 (Attorney/Agent) Signature

amica 5/27/04 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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whall K. Balconi-

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MAY 2 7 2004

Docket No.: NL000441 Cust mer N . 000024737

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Marien De Schipper

Serial No.: 09/915,681

Filed: July 26, 2001

For: IMAGE SENSING DISPLAY DEVICE

Confirmation No.: 7598

Group Art Unit: 2871

Examiner: Timothy L. Rude

RESPONSE AFTER FINAL

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Examiner:

In response to the Office Action mailed April 23, 2004, this response is being filed for placing the above-identified application in *prima facie* condition of allowance. Accordingly, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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